2001 MASSACHUSETTS DEPARTMENT OF REVENUE

MASSACHUSETTS ESTIMATED INCOME TAX

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

VOUCHERS ARE ON PAGES 2 THROUGH 5

Estimated Tax Payment — 2001 For filers of Forms 2, 3F and 3M

| Be sure this return covers correct period | Due date | Voucher | Estimated tax for the year ending | | | | |
|--|---|---|--|---|--------------------------|--|--|
| | | 1 | MONTH / | DAY | / YEAR | | |
| | | | Overpayment from tax for this year: | m last year cred | lited to estimated | | |
| Street address | | | | Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment. | | | |
| City, town or post office, state and Zip code | | | | stallment: | | | |
| Return this voucher with check or money order payable to: Commonwealth of Massachusetts Mail to: Massachusetts Department of Revenue PO Box 7007, Boston, MA 02204 | | | I | _ • | Form 3M Club and other | | |
| | covers correct period and Zip code neck or money order payable achusetts ent of Revenue | covers correct period and Zip code and Zip code and Zip code achusetts achusetts | nd Zip code The code reck or money order payable to: The chusetts The code reck or money order payable to: The chusetts The code reck or money order payable to: The chusetts rechuse the code reck or money order payable to: | covers correct period 1 | covers correct period 1 | | |

Estimated Tax Payment — 2001 For filers of Forms 2, 3F and 3M

| Federal Identification number | Be sure this return | Due date | Voucher | Estimated tax for the year ending | | | | |
|--|---|----------|---------|---|------------|------|-------|--|
| | covers correct period | | 2 | MONTH / | DAY | / | YEAR | |
| Name | Overpayment from last year credited to estimated tax for this year: | | | | | | | |
| Street address | | | | Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment. | | | | |
| City, town or post office, state and Zip code | | | | 2. Amount of this in | stallment: | | | |
| Return this voucher with check or money order payable to: Commonwealth of Massachusetts | | | | Check which form you plan to file: Form 2 Form 3F Form 3M Fiduciary Corporate Trust Club and | | | | |
| Mail to: Massachusetts Department of Revenue PO Box 7007, Boston, MA 02204 | | | | , | | | other | |

Estimated Tax Payment — 2001 For filers of Forms 2, 3F and 3M

| Federal Identification number | Be sure this return covers correct period | Due date | Voucher | Estimated tax for the year ending | | | |
|--|--|----------|---|---|--------------|-----------|--|
| | | | 3 | MONTH / | DAY | / YEAR | |
| Name | Overpayment from last year credited to estimate tax for this year: | | | | | | |
| Street address | | | | Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment. | | | |
| City, town or post office, state and Zip code | | | | 2. Amount of this i | installment: | | |
| Return this voucher with check or money order payable to: Commonwealth of Massachusetts Mail to: | | | Check which form you plan to file: Form 2 Form 3F Form 3N Club and other | | | | |
| Massachusetts Departme PO Box 7007, Boston, MA | | | | | | | |

Estimated Tax Payment — 2001 For filers of Forms 2, 3F and 3M

| Federal Identification number | Be sure this return covers correct period | Due date | Voucher | Estimated tax for the year ending | | | | |
|--|--|----------|---------|---|--------------|--------|--|--|
| | | | 4 | MONTH / | DAY | / YEAR | | |
| Name | Overpayment from last year credited to estimate tax for this year: | | | | | | | |
| Street address | | | | Note: Line 1 is the total amount of your overpayment from last year to be credited to your estimated tax for this year. All or a portion of it may be used in calculating the amount of this payment. | | | | |
| City, town or post office, state and Zip code | | | | 2. Amount of this i | installment: | | | |
| Return this voucher with check or money order payable to: Commonwealth of Massachusetts | | | | Check which form you plan to file: Form 2 Form 3F Form 3M Fiduciary Corporate Trust Club and | | | | |
| Mail to: Massachusetts Departme PO Box 7007, Boston, Ma | | | | | · | other | | |